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<b>SERIAL NUMBER</b> 10/643,369	<b>FILING OR 371(c) DATE</b> 08/19/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 20030105.ORI
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

MK

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

MK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>mk</i>	Initials <i>mk</i>		

## ADDRESS

23595

## TITLE

Implantable medical device with detachable battery compartment

<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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